

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

**Application or Docket Number** 

09/831862

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	NUMBER EXTRA		EE	OR		.1	
TOTAL CHARGEABLE CLAIMS			9 minus 20= *				X\$ 9=			X\$18=	1	
INDEPENDENT CLAIMS			\ minus 3 = *				<u> </u>		OR		<del>                                     </del>	
MULTIPLE DEPENDENT CLAIM PI			<u> </u>				X40=		OR	X80=	<del>                                     </del>	
<u> </u>							+135=	:	OR	+270=	\	
* If the difference in column 1 is less than zero,					r "0" in d	column 2	TOTAL	-	OR	TOTAL	1000	
	CLAIMS AS AMENDED - PART II									OTHER		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						SMAL	L ENTITY	OR	SMALL	ENTITY	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 9	Minus	** 8	0	=	X\$ 9=		OR	X\$18=		
	Independent	<u> • /                                   </u>	Minus	***	3_	=	X40=		OR	X80=		
L_	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT	CLAIM		+135=		]	+270=		
							TOTA		OR	TOTAL		
	•	•					ADDIT. FE		OR .	ADDIT. FEE		
_		(Column 1) CLAIMS	An extension of the second	(Colun		(Column 3)	·	<del></del>	, ,			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18≃		
	Independent	•	Minus	***		=	X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM			-		· · · · · ·		
				•			+135=		OR	+270=		
	<b>•</b>						TOTAL ADDIT. FEE	<u> </u>	OR ,	TOTAL ADDIT. FEE		
	managay was as as as as	(Column 1)	Eligna i liva malegana gent, me	(Colum		(Column 3)					٠	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	SER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X40=		ŀ	X80=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM				OR	7,00-		
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE												